

# JOB ANNOUNCEMENT

## **UTILITY ACCOUNTS RECEIVABLE SPECIALIST**

EMPLOYMENT OPPORTUNITY FOR ALL QUALIFIED APPLICANTS

CURRENT SALARY RANGE: \$3733 TO \$4412 PER MONTH

ANTICIPATED OPENINGS: 1

THE DURATION OF THIS ELIGIBLE LIST IS ONE YEAR

**PURPOSE:** To perform a variety of responsible collection work for the Customer Service Division of the Public Works & Utilities Department.

**MINIMUM REQUIREMENTS:** Two (2) years of verifiable experience performing collection and customer service work; or a combination of education and experience determined to be equivalent. Possession of a valid Minnesota Class D driver's license or privilege by the date of appointment and thereafter. Knowledge of collection techniques and processes. Knowledge of problem solving and negotiation techniques. Knowledge of general office procedures and basic bookkeeping and record keeping principles and practices. Knowledge of general accounting principles and practices. Knowledge of accepted business letter writing formats. Skill in effective communication, both orally and in writing. Skill in microcomputer operations and associated software applications including word processing, data base, and spread sheet. Skill in establishing, organizing, maintaining and updating manual and electronic files and records. Skill in interviewing customers and negotiating payment arrangements. Ability to work under stressful situations dealing with angry and upset customers. Ability to work independently and set work priorities. Ability to meet and deal effectively and courteously with delinquent account holders. Ability to establish and maintain effective working relationships with co-workers, supervisors, and the general public. Ability to make arithmetic computations and to prepare statistical reports. Ability to keep accurate financial records and accounts. Ability to be bonded. Ability to operate a variety of standard office equipment including computer terminal, computer software, telephone, calculator, copy and fax machine requiring repetitive arm and finger movement. Ability to sit for extended periods, and to occasionally stand, walk, push, pull, stoop, and reach to carry out duties. Ability to lift and carry office supplies and equipment weighing up to 20 pounds, and to frequently lift and/or carry supplies weighing up to 10 pounds. Ability to attend work on a regular basis.

SELECTION PROCESS			
PHASE	EXAMINATION TYPE	WEIGHT	PASS POINT
PHASE I	Education & Experience Review	40%	70% (Normed)
PHASE II	Oral Performance	60%	70% (Normed)

### **PHASE I**

**EDUCATION & EXPERIENCE REVIEW:** Applicants will be rated based on the type (relatedness) and extent of their education and experience as they document on the expanded application provided. Applicants with education and experience more directly related to that required for the job will be rated higher. Applicants with a greater level of related education and experience will be rated higher.



The City of Duluth is an Equal Opportunity,  
Affirmative Action Employer.

**City of Duluth Human Resources**  
411 West First St - City Hall 313  
Duluth, MN 55802-1195

# JOB ANNOUNCEMENT

## PHASE II

**ORAL PERFORMANCE TEST:** The top 10 applicants will be invited to participate in the Oral Performance Test. Applicants eligible for Veterans Preference who pass the Education & Experience Rating will also be invited to the Oral Performance Test. Qualified applicants will be notified by letter regarding the date, time, and location of the Oral Performance Test. Applicants who pass the Oral Performance Test will have their names placed on an eligible list for this classification.

**ALTERNATIVE EXAM PROCESS:** For persons who qualify under the Americans with Disabilities Act (ADA) alternative examination processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 730-5203, as soon as possible prior to the scheduled date of the exam. TDD services are available through 730-5630.

**VETERANS:** For applicants claiming veterans' preference, a legible discharge certificate (DD214) verifying 181 days of consecutive service, or service in Desert Storm/Desert Shield, and separation under honorable conditions MUST be filed WITH the application for veterans' preference. Failure to provide the required documentation may eliminate the candidate from subsequent steps in the selection process. Veterans' points will be added only if the applicant successfully completes all phases of the exam process and has submitted all required documentation to the Human Resources Division. For applicants claiming disabled veterans' preference a letter dated within one year from the Veterans' Administration documenting entitlement to compensation for a permanent service-connected disability MUST be filed WITH the application for veterans' preference.

In accordance with the Immigration Reform and Control Act of 1986, the City of Duluth requires verification of identity and work eligibility at the point of hire.

**OBTAINING APPLICATIONS:** Applications and veterans' preference forms are available at the Human Resources Division, 411 West First Street Room 313, Duluth, MN 55802 from 8:00 AM to 4:30 PM weekdays except holidays. The complete job description can be found on our website at [www.duluthmn.gov/employment](http://www.duluthmn.gov/employment).

**FILING APPLICATIONS: APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY 4:30 PM LOCAL TIME ON THE CLOSING DATE OF November 27, 2009.** Job applicants must meet all minimum qualifications listed above by the closing date of the application period. Applications may be submitted online, mailed to or dropped off at the Human Resources Office. It is the responsibility of the applicant to verify that applications are on file on or before the closing date.

November 13, 2009  
Job Number C0937



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City of Duluth Human Resources  
411 West First St - City Hall 313  
Duluth, MN 55802-1195



City of Duluth Human Resources Division  
411 W First ST #313  
Duluth, MN 55802-1195

November 13, 2009

Dear Applicant:

Thank you for your interest in employment with the City of Duluth. In order to assist us in evaluating your background, you must complete the attached application forms.

The Education/Experience Rating will determine the top ten who progress to the second phase of the process, and will be 40% of the final score/rank on the eligible list. The information you submit on this application will be used to evaluate your education and experience. Please read the instructions carefully before completing the application forms.

You will receive credit only for information you give according to the instructions. A resume **may not** be used in lieu of a completed questionnaire. The application is considered an examination, and must be completed. Failure to complete the following questionnaire will prevent you from being considered further. A word processor version of this portion of the application is available for your convenience upon request.

Please attach this supplemental questionnaire to your standard application form, and return all materials to Room 313 City Hall by the closing date for filing applications. If you have any questions, or if you have a disability and need assistance with this application, please contact me at [ctanner@duluthmn.gov](mailto:ctanner@duluthmn.gov) or at 218-730-5203, or if using TDD, 730-5630.

Thank you again for your interest in employment with the City of Duluth. I look forward to receiving your application.

Sincerely,

Cliff Tanner  
Personnel Analyst

## **INSTRUCTIONS FOR COMPLETING YOUR APPLICATION**

### **APPLICATION FORM:**

1. Each paid or volunteer position you list on this supplemental questionnaire must also be listed on the standard application form.
2. We will consider only experience accumulated within the past 10 years for rating purposes; however, experience prior to that time will be considered for the purpose of meeting the minimum qualifications for the position. Employment in a position held for 6 months or less will not be considered for rating purposes but will count towards the minimum qualification requirements.
3. Provide ALL information requested for each position you list (i.e. beginning and end dates of employment, hours worked per week, etc.). If the span of employment you list was interrupted for any reason (leave of absence, lay-off, military obligations, etc.) please make a note of that fact.
4. Failure to follow directions may affect your score on the Education/Experience Rating. Experience must be documented on the application form or you will not receive credit for it. We cannot assign point values for experience if you have failed to provide hours worked per week, beginning/ending dates of employment, etc.

### **SUPPLEMENTAL QUESTIONNAIRE:**

- Part 1:*
- A. Check those requirements which you possess that qualify you for the position.
  - B. Identify by block number (the bold numbers printed on the standard application form beginning with the education section) the education or experience which documents those qualifications you possess.
- Part 2:*
- A. Respond in each area by describing your work and education experience and identify with block numbers where you received your experience. If you need more room, attach additional signed and dated pages.

**UTILITY ACCOUNTS RECEIVABLE SPECIALIST  
SUPPLEMENTAL QUESTIONNAIRE  
PART 1**

**Minimum Requirements** Check the statements below which describe how your education/experience qualifies you for this position and indicate by Block Number(s) from the standard application form (ahead of this section) the education/experience that documents the qualification checked. You must check either the first or the second box to qualify for this position.

- ☐ Two (2) years of verifiable experience performing collection and customer service work.

Block Number(s): \_\_\_\_\_

**-AND-**

- ☐ A valid Minnesota driver's license, or equivalent.

State: \_\_\_\_\_ License Number: \_\_\_\_\_

***For each task area on the following pages, describe your work and education experiences and identify where you received those experiences by reporting the block numbers from your standard application. Also please indicate what individuals can serve as references for you performing those functions. Please remember to respond in each area as completely as possible. Feel free to attach additional sheets if necessary.***

**TASK I:   Contact customers by letter, telephone or personal visit to collect or to negotiate and arrange a payment plan.**

<b>Block Numbers:</b>
-----------------------

**References for this task:**

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

**TASK II: Determine when security deposits will be required for activated accounts, and review customer accounts for release of security deposits.**

<b>Block Numbers:</b>
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**References for this task:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TASK III: Serve as liaison between social service agencies and customers in need of financial assistance.**

<b>Block Numbers:</b>
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**References for this task:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**TASK IV: Recommend shutoff of services and process service shutoff notices and orders.**

<b>Block Numbers:</b>
-----------------------

**References for this task:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TASK V: Refer accounts to legal when such action may be required.**

<b>Block Numbers:</b>
-----------------------

**References for this task:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

### DEPARTMENT OF PUBLIC ADMINISTRATION

#### Human Resources Division

411 W. 1<sup>st</sup> Street - 313 City Hall

Duluth, Minnesota 55802-1195

Phone: (218) 730-5210 Fax: (218) 730-5906

Email: [hrinfo@duluthmn.gov](mailto:hrinfo@duluthmn.gov)

**Title of Position** for which you are applying:

**Job Number:**

**READ PAGE 2 BEFORE YOU BEGIN - PRINT clearly with INK or TYPE**

Last Name	First Name	Middle Name	May we call you at work? Yes _____ No _____
Street Address	Apt No.	Mobile Phone	Work Phone
City	State	Zip Code	Are you age 18 or older? Yes _____ No _____
Are you a United States Citizen or if not, do you have permission to work in this country? If you are not a U.S. citizen, attach a copy of your INS employment authorization form.			Yes _____ No _____
Have you legally changed your name within the past five years? If yes, list previous names:			Yes _____ No _____

If this position requires driver's license, please provide information:

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ALTERNATIVE EXAM PROCESS:** For persons who qualify under the Americans with Disabilities Act (ADA), alternative exam processes are available on an individual basis upon prior arrangement. Contact Human Resources, 313 City Hall, (218) 730-5210, as soon as possible prior to the scheduled date of the exam.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or do you meet the minimum active duty requirements of eligibility for federal veterans benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach City of Duluth Veterans Preference Claim Form along with required documentation (DD Form 214).

**Have you ever been convicted of a crime other than a parking ticket or traffic moving violations?**

*(You must check "Yes" for alcohol-related driving offenses)*

Yes \_\_\_\_\_ No \_\_\_\_\_

You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, unless you are applying for the position of Police Officer.

If "Yes", please attach a separate sheet with explanation, including state and county of conviction, date of conviction, and description of conviction. Information concerning this question will not automatically bar you from employment, but will be used to assess your suitability for this position.

## INSTRUCTIONS FOR COMPLETING APPLICATION FORM

***If you do not provide complete information, you may receive an inaccurate score or be removed from further consideration. So that your application will be processed accurately, do the following:***

- 1.) Work Experience Section: For jobs with an experience of training rating, your score will be determined by an evaluation of the job-related experience and training you describe on the application. Be specific and complete.
  - List your present or most recent experience first, including all job-related volunteer and/or unpaid experience.
  - List each promotion as a separate job, even though it may have been with the same department or organization.
  - If you attach additional information sheet(s), include **all** of the information requested on the application, i.e., organization, position title, length of employment, total time, hours per week, major activities and percentages. If hours per week vary, please use the average number of hours per week.
  - Part-time work experience is prorated to the number of hours worked, using a 40-hour work week as the standard for full-time work.
  - To receive proper credit, list the five most important and/or time-consuming duties and the percentage of time spend on **each** for each position. Do not include unimportant job duties which are performed only occasionally.
  - Do not write "see prior applications."
- 2.) Your application and supporting material becomes the property of the City of Duluth upon submission and cannot be returned. Work samples, letters of recommendation and the like should **not** be submitted with the application. However, you may bring such material to an actual employment interview.
- 3.) It is your responsibility to notify our office (by mail or phone) of any name, address, or phone number changes.
- 4.) An accepted application is subject to later rejection if it does not show qualifications required by the examination announcement or if there is any false statement by an applicant during the hiring process. A false statement is also sufficient cause for discharge after appointment.

## DATA PRIVACY ADVISORY

This application is to assist in the process of referring you to City departments for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to City departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if I don't provide it?
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all applicants and to make processing more efficient	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with others.
Street Address Route or Box No.	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine availability for an interview	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic, Disability status	To be able to make Equal Opportunity reports, and provide affirmative action.	No	We will not be able to accurately assess our recruitment efforts as an affirmative action employer.
"Disability/handicap" is defined as "a handicapping condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working." Do not answer "Yes" to this question if, for example, you have a visual problem corrected by glasses.			
Conviction Records	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related conviction.	Yes	We will not be able to make determinations required by law.
Special Testing	To determine whether you need special testing arrangements	No	We will not be able to provide you necessary testing arrangements in a timely manner.

ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC. THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

**IMPORTANT: This page and work experience attachments will be duplicated for the hiring authority.**

Last Name		First Name		Middle Name		May we call you at work? Yes _____ No _____	
Street Address				Apt. No.		Work Phone	
City		State		Zip Code		Mobile Phone	
Home Phone							
Title of Position for which you are applying:							

### FORMAL EDUCATION

PLEASE SUBMIT A COPY OF YOUR COLLEGE TRANSCRIPTS IF APPLYING FOR A POSITION REQUIRING A COLLEGE DEGREE

Do you have a high school diploma or GED equivalency? Yes _____ No _____									
College, University or Professional School (List All Undergraduate and Graduate Work)				Total Months Attended	Total Credits Earned	Degree		Major Field(s)	
						Type AA, BS, etc.	Date Rec'd or Expected		
<u>Name and Location</u>									
1									
2									
3									
Business, Correspondence, Trade, Technical or Vocational School				Total Months Attended	Full- Time	Part- Time Hrs/ Wk	Cert Rec'd (Y/N)	% Course Completed	Program Title
4									
5									
6									

<b>7</b>	Organization			Telephone No.			LENGTH OF EMPLOYMENT	
Address							From: _____/_____ Month/Year	To: _____/_____ Month/Year
Position Title				Supervisor		% of Time	Hours/Week:	
Major Activities:							Reason for Leaving:	
1.								
2.							(If hours vary, indicate average hours/week)	
3.								
4.								
5.								
Machines/equipment you used:								
Number & Title(s) of people you supervised:								
<b>8</b>	Organization			Telephone No.			LENGTH OF EMPLOYMENT	
Address							From: _____/_____ Month/Year	To: _____/_____ Month/Year
Position Title				Supervisor		% of Time	Hours/Week:	
Major Activities:							Reason for Leaving:	
1.								
2.							(If hours vary, indicate average hours/week)	
3.								
4.								
5.								
Machines/equipment you used:								
Number & Title(s) of people you supervised:								

<b>9</b>	Organization	Telephone No.		LENGTH OF EMPLOYMENT	
Address				From: _____ Month/Year	To: _____ Month/Year
Position Title		Supervisor	% of Time	Hours/Week: _____  (If hours vary, indicate average hours/week)  Reason for Leaving: _____	
Major Activities:					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
Machines/equipment you used: _____					
Number & Title(s) of people you supervised: _____					

<b>10</b>	Organization	Telephone No.		LENGTH OF EMPLOYMENT	
Address				From: _____ Month/Year	To: _____ Month/Year
Position Title		Supervisor	% of Time	Hours/Week: _____  (If hours vary, indicate average hours/week)  Reason for Leaving: _____	
Major Activities:					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
Machines/equipment you used: _____					
Number & Title(s) of people you supervised: _____					

<b>11</b>	Organization	Telephone No.		LENGTH OF EMPLOYMENT	
Address				From: _____ Month/Year	To: _____ Month/Year
Position Title		Supervisor	% of Time	Hours/Week: _____  (If hours vary, indicate average hours/week)  Reason for Leaving: _____	
Major Activities:					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
Machines/equipment you used: _____					
Number & Title(s) of people you supervised: _____					

**ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.**

**ATTENTION – THIS STATEMENT MUST BE SIGNED.  
ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.**

**Read the following statements carefully before you sign this application.**

I hereby authorize the City of Duluth and any agent acting on its behalf to conduct an inquiry to any job related information contained on this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise) to release any information in their files pertaining to my employment history, including but not limited to, the nature of my employment, wages, attendance records, performance reviews and disciplinary actions. I hereby release the City of Duluth and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

\_\_\_\_ YES      \_\_\_\_ YES, but not present employer until job is offered      \_\_\_\_ NO (we may be unable to hire you without this information)

Name and phone number of current or immediately previous supervisor who may be contacted as an employment reference: \_\_\_\_\_

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. **I understand that any false information or omission of information from this application may be cause for rejection or dismissal if employed.** I have read the Data Privacy Advisory (page 2) and agree to supply the information on this form with full knowledge of the meaning of that warning.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

General Authorization and Release  
Pursuant to Minn. Stat. 13.05, subd. 4  
Minnesota Data Practices Act

To: City of Duluth Human Resources

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, City of Duluth Human Resources, to release and make available to the City of Duluth hiring department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession or to which you have access through the State Bureau of Criminal Apprehension. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, subd. 12. The information for which release is authorized includes:

**Full Name:** \_\_\_\_\_  
(Full First Name) (Full Middle Name) (Full Last Name)

**Previous Names/Maiden (if applicable)** \_\_\_\_\_  
(Include Full Name) \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Driver's License Number:** MN \_\_\_\_\_  
WI \_\_\_\_\_

and record of convictions.

I understand that the purpose of permitting the Human Resources Division to have access to this information is to determine my suitability for employment with the City of Duluth. I further understand that this information may subsequently be used for other purposes relating to my possible employment with the City of Duluth, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for the life of the eligible list for this position, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to you of that fact.

\_\_\_\_\_  
(Original Signature)

\_\_\_\_\_  
(Date)

**AGREEMENT, AUTHORIZATION, AND  
CONSENT FOR RELEASE OF  
BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_ a \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

understand that because my position with the City of Duluth may require me to operate a vehicle, the City will use the services of an outside agency to periodically check the status of my driver's license and driving record in accordance with the City's Motor Vehicle Operations policy. The agency will provide a written report of its findings to the **City of Duluth**. The **City of Duluth** uses Abso and Samba, consumer-reporting agencies, as agents to perform its driver's license checks.

**Abso** and **Samba** will utilize various sources of information it deems appropriate including but not limited to: department of motor vehicle records and criminal conviction records. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to the **City Of Duluth** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it will contain only information about the status of my driver's license and my driving record. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by the **City of Duluth** if my employment is impacted because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to the **City of Duluth**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2<sup>nd</sup> Floor, Roseville, CA 95661 or **Samba**, 1730 Montano NW, Albuquerque, NM 87107. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

Other names you have used or are also known as: \_\_\_\_\_





# City of Duluth

## Human Resources

### Application Supplement

The following information is collected for statistical reporting purposes and will not be considered in the hiring decision. This page will be separated from the application and not communicated with individuals who have input to the hiring decision. This information is voluntary, but we ask that you complete it in order to assist us in our recruiting and reporting efforts. Please print clearly to prevent mistakes in data entry. Thank you for filling this out.

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Home Phone Number</b>		<b>Work Phone Number</b>		<b>Mobile Phone Number</b>	
<b>Social Security Number</b>	<b>Email Address</b>				<b>Job Number</b>
<b>Veteran Status:</b> <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled/Deceased Veteran					
<b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If you answered "No," please check a box below:</b>					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Two or More Races		<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Asian	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male					
<b>Age Group:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-39 <input type="checkbox"/> 40 or Over					
<b>How did you hear about this job?</b>					
<input type="checkbox"/> City Posting		<input type="checkbox"/> Workforce Development			
<input type="checkbox"/> Friend or Relative		<input type="checkbox"/> City Website			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other Website: _____			
<input type="checkbox"/> Newspaper Ad					